

LO8000114859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2009 OCT - 8 AM 10: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
OCT - 9 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bentley Bay Realty LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jacob Kassel
Name of Person
Bentley Bay Realty LLC
Firm/Company
520 West Avenue Suite 1101
Address
Miami Beach, FL 33139
City/State and Zip Code
JacobKassel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Kassel at (**561**) **302-1233**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bentley Bay Realty LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/17/2008 and assigned Florida document number L08000114859.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

520 West Avenue Suite 1101

Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

520 West Avenue Suite 1101

Miami Beach, FL 33139

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TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jacob Kassel - Same New Address

New Registered Office Address:

520 West Avenue, Suite 1101

Enter Florida street address

Miami Beach

City

, Florida

33139

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jacob Kassel
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

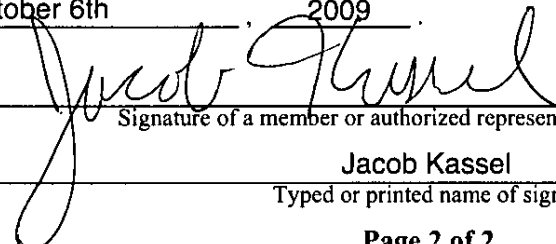
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ana Cristina Marun	520 West Avenue, Suite 1101 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SPECIAL AGENT OF STATE
 PALM BEACH COUNTY, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 6th, 2009



 Signature of a member or authorized representative of a member

Jacob Kassel

 Typed or printed name of signee